

IrriSept: Multiple thigh and chest wall abscesses in a 30 year-old female: A Case Report

Case # 30111

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Introduction: A case report of a 30 year-old female that presents with multiple methicillin-resistant *Staphylococcus aureus* (MRSA) subcutaneous abscesses.

Case Presentation: A 30 year-old female was seen five days prior by her nurse practitioner for an abscess that was described by the patient as a spider bite below her right gluteal fold. At her initial appointment, incision and drainage (I&D) and packing of the abscess was performed, and the wound culture was positive for MRSA. The patient was given 1 gram of clindamycin intravenously, prescribed oral doxycycline 100 mg twice a day, instructed to take Epsom salt soaks, and advised that systemic antibiotics and PICC line placement may be necessary. The patient currently reports the site has worsened and become more painful. Upon physical exam, three additional thigh abscesses were noted, along with one additional chest wall abscess.

Treatment Plan:

- **Abscess #1 (right gluteal fold):** The previous packing was removed. Manual compression was applied to remove exudate. The abscess was cultured, cleansed with IrriSept wound cleansing and debridement system using the LT Splatter Guard, and followed with IrriRinse per manufacturer's instructions. The site was packed with plain Iodoform gauze.
- **Abscess #2-5 (multiple thigh and chest wall):** I&D of each abscess was performed, followed by manual compression. The abscesses were cleansed with IrriSept using LT Splatter Guard and IrriRinse per manufacturer's instructions. Each site was packed with plain Iodoform gauze.

The oral doxycycline was stopped. The patient was prescribed ciprofloxacin (Cipro) 500 mg twice a day and trimethoprim/sulfamethoxazole (Bactrim DS) 160 mg TMP/800 mg SMX twice a day. The ciprofloxacin was discontinued at the 48 hour follow-up due to resistance sensitivity results. All abscesses resolved without further treatment or hospitalization. The 48-hour post IrriSept repeated culture of Abscess #1 was reported as "No Growth". Nasal Cultures were reported "Negative" for MRSA.

Conclusion: In this case, a 30 year-old female with an initial MRSA positive abscess site and subsequent multiple abscesses were successfully treated as an outpatient. After treatment with I&D and cleansing with IrriSept, all abscess sites resolved without hospitalization, PICC line placement, intravenous antibiotics or further treatment. The 48-hour post IrriSept repeat culture of Abscess #1 reported "No growth."

Introduction: Skin abscesses may occur spontaneously or as a result of tissue injury in otherwise healthy individuals. They are typically infected with MRSA. MRSA usually involves skin and soft tissue infections, can be highly invasive, rapidly progressing, and possibly life-threatening.¹

July 6, 2010: Treatment Day

The patient is a 30 year-old female that reports despite initial improvement and course of antibiotics, her right gluteal fold abscess has worsened and become more painful. The patient reports that her pain is 3 on a 0-10 pain scale. Upon physical exam, three additional thigh abscesses were noted, along with one additional chest wall abscess.

Abscess 1: The original right gluteal fold abscess site that was previously I&D now presents with mild erythema, tenderness, and exudate. The abscess was without signs of edema, induration, fluctuance, or cellulitis. Erythema 1+; Warm to touch 1+; Pain 3 on 0-10 scale.

Abscess 2: The right lower medial thigh abscess encompassed a large surface area of 14 cm. The abscess had purulent and serous weeping, mild erythema (1+), and was tender upon palpation. The site was without signs of edema, induration, fluctuance, or cellulitis.

Abscess 3: The right upper lateral thigh abscess was measured with ~1 cm x 1 cm area of central fluctuance and 1 cm of well-demarcated erythema (2+). The site was without exudate and was tender upon palpation. The site was without signs of edema, induration, or cellulitis.

Abscess 4: The right lower lateral thigh abscess was measured with 2 cm x 2 cm area of central fluctuance (2+). The site was without exudate. Erythema (1+); warm to touch (2+).

Abscess 5: The left lateral chest wall abscess appears to be a healed, scabbed bite. It was measured with 1 cm x 1 cm area of fluctuance and surrounding erythema of 3 cm x 6 cm (2+). The site was without exudates and was tender upon palpation. Erythema (2+); warm to touch (2+).



Before IrriSept Treatment:

- 1. Right gluteal fold*
- 2. Right lower medial thigh*
- 3. Right upper lateral thigh*
- 4. Right lower lateral thigh*

July 6, 2010: Treatment Day Continued

Procedure:

Abscess 1: The packing was removed from the right gluteal fold abscess, a wound culture was taken, and manual compression was applied with 2 cc of purulent exudate expressed. The wound was cleansed with IrriSept using the LT SplatterGuard and followed by IrriRinse per manufacturer's instructions. The wound was packed with 6 cm of plain Iodoform gauze.

Abscess 2: I&D of the right lower medial thigh abscess was performed. Manual compression was applied with 1 cc of exudate expressed. The abscess was cleansed with one bottle of IrriSept using the LT SplatterGuard, followed by one bottle of IrriRinse per manufacturer's instructions. The abscess was then packed with 4 cm of plain Iodoform gauze.

Abscess 3: I&D of the right upper lateral thigh abscess was performed. Manual compression was applied with 1 cc of exudate expressed. The abscess was cleansed with one bottle of IrriSept using the LT SplatterGuard, followed by one bottle of IrriRinse per manufacturer's instructions. The abscess was then packed with 3 cm of plain Iodoform gauze.

Abscess 4: I&D of the right lower lateral thigh abscess was performed. Manual compression was applied with 1.5 cc of exudate expressed. The abscess was cleansed with one bottle of IrriSept using the LT SplatterGuard, followed by one bottle of IrriRinse per manufacturer's instructions. The abscess was then packed with 3 cm of plain Iodoform gauze.

Abscess 5: I&D of the left lateral chest wall abscess was performed. Manual compression was done to express exudate. The abscess was cleansed with one bottle of IrriSept using the LT SplatterGuard, followed by one bottle of IrriRinse per manufacturer's instructions. The abscess was then packed with 3 cm of plain Iodoform gauze.

Plan: The oral doxycycline was discontinued. The patient was prescribed ciprofloxacin 500 mg twice a day and trimethoprim/sulfamethoxazole twice a day pending culture results. The patient will be reassessed in 24 hours.



Post IrriSept Treatment

- 1. Right gluteal fold*
- 2. Right lower medial thigh*
- 3. Right upper lateral thigh*
- 4. Right lower lateral thigh*
- 5. Left lateral chest wall*

July 7, 2010: 24 hour Follow-Up

The patient returned for a follow-up. She continues to take the ciprofloxacin and trimethoprim/sulfamethoxazole and is minimally sore. Patient states pain is 1 on a 0-10 pain scale.

Physical Exam:

Abscess 1: The right gluteal fold abscess was slightly tender with minimal erythema. The site was without warmth, or signs of edema, exudate, induration, or fluctuance.

Abscess 2: The right lower medial thigh abscess was slightly tender with 1 cm of surrounding erythema (1+). The site was without warmth, or signs of edema, exudate, induration, or fluctuance.

Abscess 3: The right upper lateral thigh abscess was slightly tender with a 1 cm well-demarcated area of erythema (1+). The site was without warmth, or signs of edema, exudate, induration, or fluctuance.

Abscess 4: The right lower lateral thigh abscess was slightly tender. The site was without erythema, warmth, edema, exudate, induration, or fluctuance.

Abscess 5: The left lateral chest wall abscess is without tenderness, erythema, warmth, edema, exudate, induration, or fluctuance.

Procedure:

Abscess 1-5: The packing was removed from all five abscess sites. A culture was taken of abscess 1, the right gluteal fold abscess. Each abscess was recleansed with IrriSept using the LT SplatterGuard and followed by IrriRinse per manufacturer's instructions.

Plan: The patient is to continue the ciprofloxacin and trimethoprim/sulfamethoxazole and return for follow-up in 24 hours.

July 8, 2010: 48 hour Follow-Up

The patient returned for a follow-up. Abscess #1, the right gluteal fold abscess, was recultured and later reported negative for MRSA, which was sensitive to the trimethoprim/sulfamethoxazole but resistant to ciprofloxacin.

Physical Exam:

The erythema and tenderness of all abscesses has decreased considerably and the wounds are closing with secondary granulation.

Plan:

The patient was instructed to discontinue the ciprofloxacin and continue taking the trimethoprim/sulfamethoxazole. She is to return for follow-up in 10 days.



48 hour Follow-Up Post IrriSept Treatment

- 1. Right gluteal fold*
- 2. Right lower medial thigh*
- 3. Right upper lateral thigh*
- 4. Right lower lateral thigh*

July 18, 2010: 12 Day Follow-Up

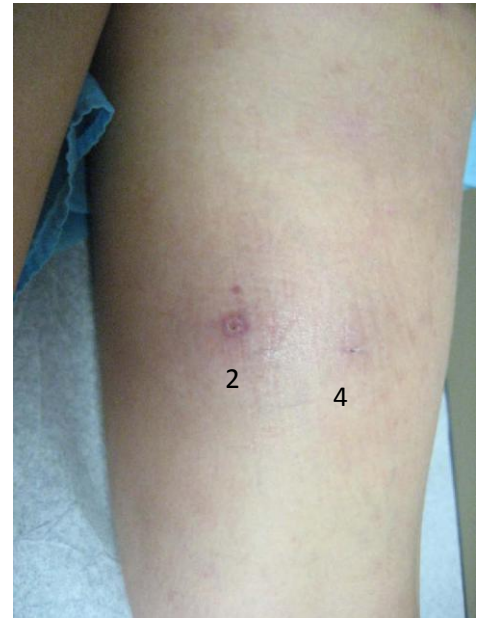
The patient returned for a follow-up. She has no complaints of pain.

Physical Exam:

The abscess sites continue to heal appropriately without any sign of erythema, edema, drainage, fluctuance, or induration.

Plan:

The patient is instructed to follow-up as needed.



12 Day Follow-Up Post IrriSept

- 1. Right gluteal fold*
- 2. Right lower medial thigh*
- 3. Right upper lateral thigh*
- 4. Right lower lateral thigh*
- 5. Left lateral chest wall*

Conclusion: In this case, a 30 year-old female with an initial MRSA positive abscess site and subsequent multiple abscesses were successfully treated as an outpatient. After treatment with I&D and cleansing with IrriSept, all abscess sites resolved without hospitalization, PICC line placement, intravenous antibiotics or further treatment. The 48-hour post IrriSept repeat culture of Abscess #1 reported “No growth.”

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¹Boyle-Vavra, S. & Daum, R.S. (2006). Community-acquired methicillin-resistant *Staphylococcus aureus*: The role of Panton-Valentine leukocidin. *Laboratory Investigation*, 87, 3-9.

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